SPECIAL ELECTIVE - CAREER EXPLORATION (CE) APPLICATION

Student Name: _____________________________ Student Email (UT): _________________________________

UT Faculty Name: ___________________________ Faculty Email: _____________________________________

Campus:  ☐ Memphis  ☐ Knoxville  ☐ Chattanooga  ☐ Nashville

Length of Elective:  ☐ 2 weeks  ☐ 4 weeks

Block: _________________       Start Date:  _________________      End Date: __________________

Academic Department/Division of Proposed Elective: _______________________________________________

Clinical Site(s): _______________________________________________________________________________

General Description of all Career Explorations: This is a face to face clinical rotation. This career exploration course (CE) will allow third year medical students to explore this discipline as a potential career choice. Students will be expected to display a fund of knowledge consistent with his/her level of training, demonstrate self-directed learning, thoroughness, consistency and reliability, and relate well to families, team members, and patients. The student’s level of patient care responsibility will be determined based on the student’s skill level, and at the discretion of the supervising attending.

Objectives and Description of Proposed Special CE:

Student Signature: _________________________________________ Date: _____________________________

Faculty Signature: __________________________________________ Date: _____________________________

*If the Special Elective falls under one of the 7 core clerkships, approval must be obtained by the Clerkship Director.

Clerkship Director Signature: _________________________________ Date: _____________________________

SEND COMPLETED FORM TO:  jmcdoo3@uthsc.edu and wdabbs@utmck.edu for approval.

For Office of Medical Education Use Only

UT Faculty status verified by Signature: ___________________________ Received by Date: ______________

Approved by Signature: ______________________________________ Date: _____________________________